



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Early Periodic Screening Diagnosis and Treatment (EPSDT) providers participating in the Virginia Medical Assistance Program, Managed Care Organizations (MCOs), and holders of the EPSDT Supplement MEMO: Update

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services DATE: December 23, 2008

SUBJECT: Update to the Early Periodic Screening Diagnosis and Treatment (EPSDT) Supplement

The purpose of this memorandum is to provide program guidance for special medical treatment services and define assistive technology services that are available through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. The information in the EPSDT supplement describes how EPSDT will coordinate Specialized Services with available benefits such as Long Term Care Waivers and the Durable Medical Equipment and Supplies program as well as benefits available in other Medicaid programs.

Managed Care Organization (MCO) Enrollees:

For individuals enrolled in a Medicaid MCO, providers should follow MCO program procedures (IE provider participation, preauthorization and billing requirements). MCOs are required to provide coverage for EPSDT services as specified in the MCO contract and within at least the same scope as covered and described in this EPSDT Supplement.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a

manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (2)

**EPSDT SUPPLEMENT
REVISION CHART
December 23, 2008**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
EPSDT Supplement	Entire Supplement		New Section Added	12/23/2008

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
EPSDT Supplement	Old EPSDT Supplement	New EPSDT Supplement (New EPSDT Assistive Technology and Specialized Services Section added)	New Section

EPSDT SPECIALIZED SERVICES TREATMENT REFERRAL INFORMATION FORM

Virginia Department of Medical Assistance Services
Early and Periodic Screening Diagnosis and Treatment Services

This form must be completed by a physician or nurse practitioner based on health conditions observed during the most recent EPSDT screening.

Patient Name	
Patient Medicaid ID	
Attending Physician NPI	
Attending Physician telephone number	

Fax completed form to: DMAS/Maternal and Child Health Division /Fax – 804.225.3961
For questions about EPSDT email epsdt@dmass.virginia.gov

Service Requested:	CPT/HCPCS/Rev Code(s):

Describe Medical Necessity/Selection Criteria specific to the affected health condition:

Describe recent treatment related to this health condition:

Recommended Treatment Services, Amount Frequency and Discharge Criteria:

Attending
Physician: _____ Signature: _____ Date: __/__/__